

UTAH DEPARTMENT OF HEALTH, PRIOR AUTHORIZATION

**DUR BOARD APPEAL REQUEST FORM**

Patient name: \_\_\_\_\_ Medicaid ID #: \_\_\_\_\_  
Prescriber Name: \_\_\_\_\_ Prescriber NPI#: \_\_\_\_\_ Contact person: \_\_\_\_\_  
Prescriber Phone#: \_\_\_\_\_ Extension/Option: \_\_\_\_\_ Fax#: \_\_\_\_\_  
Pharmacy: \_\_\_\_\_ Pharmacy Phone#: \_\_\_\_\_ Pharmacy Fax #: \_\_\_\_\_  
Requested Medication: \_\_\_\_\_ Strength: \_\_\_\_\_ Frequency/Day: \_\_\_\_\_

**All information to be legible, complete and correct or form will be returned**

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**FAX LETTER OF REQUEST, DOCUMENTATION FROM PROGRESS NOTES, STUDIES, AND THIS COMPLETED FORM TO 855-828-4992 note the new fax number**

**CRITERIA FOR APPEAL REQUESTS:**

- Document uses approved and recognized by OBRA designated compendia:
  - Package Insert
  - American Hospital Formulary Service
  - American Medical Association Drug Evaluation
  - United States Pharmacopeia Drug Information
- Requests for Off-Label Use of medication may be reviewed by the Drug Utilization Review Board (DURB) if ALL of the following criteria are met and documentation supports each:
  - Use must be diagnosis specific as defined by an ICD-9 code (s).
  - Off-label use must be supported by one major multi-site study or three smaller studies published in JAMA, NEJM, Lancet or peer review specialty medical journals such as the Journal of Cardiology. Articles must have been published within five years.
  - Off-Label use must have a defined dosage regimen.
  - Off-Label use must have a defined duration of treatment.
  - Off-Label use must show a clear and significant clinical or economic advantage over existing approved drug regimens.
- Experimental Use is defined as drug use for indications not supported by FDA or published studies. Drugs prescribed for experimental use are not covered. Experimental drugs or herbal products are not covered. Investigational use of chemicals is not covered.

11/18/10

<http://health.utah.gov/medicaid/pharmacy>